



APR 05 2004

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April 1, 2004

SECOND PRELIMINARY AMENDMENT Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket	GUID-011CON2
	Confirmation No.	3571
	First Named Inventor	Hu, Lawrence W.
	Application Number	10/734,353
	Filing Date	December 12, 2003
	Group Art Unit	3764
	Examiner Name	Not yet assigned
	Title	Surgical Instruments for Accessing and Stabilizing a Localized Portion of a Beating Heart

Sir:

Prior to examination, please amend the current application as follows:



Please type a plus sign (+) inside this box →

+

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/734,353
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Total Number of Pages in This Submission	28	Attorney Docket Number	GUID-011CON2

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form in duplicate	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Second Preliminary Amendment (18 pgs.)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Revocation, Power of Attorney Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Statement Under 37CFR 3.73(b)	-Request for Corrected Filing Receipt.(2pgs.)
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund	-Copy of Receipt with changes in red (2 pgs.)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	-Copy of Utility Patents Appl.Transmittal (1pg.)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 (1 pg.)		-Second Application Information (4 pgs.)
		- Postcard
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	ALAN W. CANNON, Reg. No. 34,977
Signature	
Date	APRIL 1, 2004

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Typed or printed name	Maria J. Sousa	Date	April 1, 2004
Signature			

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